



DEC 2 4 2002

## State of Washington OF ECOLOGY Application for a Water Right Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use Fee Paid 1000 Date 12/24

Jame C	ity of Po	ort Orc	hard	<u> </u>	Но	me Tel:(_	)		
									991
cityP	ort Orcha	ard St	ate <u>WA</u> Zi	ip+4 <u>9836</u>	6 + 5326	_FAX:(	<u>360)8</u>	76 - 4	980
	2. CONTA				L ABOUT				
lameLa	awrence J	. Curle	es, P.E.		Но	me Tel:(_			
Iailing Add	lress				Wo	ork Tel:(_	)		
ity		St	ateZi	ip+4	+	_FAX:(_			
elationship	to applicant_	C:	ity Engi	neer					
Section 3	3. STATE	MENT	OF INTE	ENT	100 Y 14				a ang alla adjete i ang alla a Ng again ang ang ang ang ang
cubic feet	unicipal	rom a 🗆 s	urface water supply	r source or E	ground wat	er source	(check c	only one)  A "LEC	for the purpose(s)
	LOIT OF THE	LPLACE	OF USE. (	See mstruct	ions.) Work	. II tust pe	ireer nun	nber or a	piai namber is not
ufficient. stimate a m	naximum annu if the water u From	al quantity	to be used osed for a sh	in acre-feet port-term proj	per year:	the perio	1,080 d of time	e that the	water will be neede
afficient. stimate a m  Check  Section 4	naximum annu	se is propo	to be used osed for a sh	in acre-feet port-term proj	per year: ject. Indicate	the perio	1,080	e that the	water will be neede
Section 4  A Surface Section 4  A Surface Surf	From  GE WATER  vater source as f unnamed, wre.:	se is proportion of the second indicate rite "unnan	to be used osed for a short to e if stream, somed spring,"	in acre-feet port-term proj	per year: ject. Indicate	the perio	1,080 d of time	e that the	water will be neede
Check  Section  GSURFA  Name the wake, etc. Instream," etc.	if the water u From  4. WATE  CE WATER  vater source are funnamed, wi	se is proportion of the second indicate rite "unnan	to be used osed for a short to e if stream, somed spring,"	in acre-feet port-term proj	per year: ject. Indicate	DWATE	1,080 d of time	e that the	water will be neede
Section 4  Section 4  If SURFA  Name the walke, etc. In the stream," etc.	From  GE WATER  vater source as f unnamed, wre.:  diversions:	se is proportion of the second indicate rite "unnan	to be used osed for a short to e if stream, somed spring,"	in acre-feet port-term proj	ject. Indicate  If GROUN A permit is	DWATE	1,080 d of time	e that the	water will be neede
stimate a management. Section 4  Section 4  If SURFA  Name the walke, etc. Instream," etc.  Number of Source flow	From  GE WATER  vater source are funnamed, wrec:  diversions:  vs into (name	se is proportion of body of	to be used osed for a shot ose	in acre-feet port-term proj	ject. Indicate  If GROUN A permit is	DWATE desired for the of well(	1,080 d of time	e that the	water will be neede
Section 4  Section 4  If SURFA  Name the walke, etc. In stream," etc.  Number of Source flow  LOCATICE  Enter the restriction.	From  From  From  4. WATE  CE WATER  vater source as f unnamed, with the control of the control	R SOUR  Indicate "unnanger of body of body of box o	to be used osed for a shot ose	in acre-feet project for the contract of the c	If GROUN A permit is  Size & dept 12 income the point with and a	DWATE desired for the of well (ch x 1)	1,080 d of time  R  r _ 2 s): ,100 f	e that the west	water will be neede
Section 4  Section 4  If SURFA  Name the walke, etc. In stream," etc.  Number of Source flow  LOCATICE  Enter the restriction.	From  From  From  4. WATE  CE WATER  vater source as f unnamed, with the control of the control	R SOUR  Indicate "unnanger of body of body of box o	to be used osed for a shot ose	spring, "unnamed es in feet fro	If GROUN A permit is  Size & dept 12 income the point on 8.	DWATE desired for the of well (ch x 1, of divers 400 fee	1,080 d of time  R  r 2 s): 100 f	e that the  we we withdraw st of	water will be neede
Section 4  Section 4  If SURFA  Name the walke, etc. In the stream," etc.  Number of Source flow  LOCATIC  Enter the resection contact.	rif the water u  From  4. WATEI  CE WATER  vater source are funnamed, wrec:  diversions:  vs into (name  ON  north-south are ricer: Appr nort	R SOUR  Ind indicate rite "unnander of body of the coximate the chwest of the coximate the chwest of	to be used osed for a shoto	spring, "unnamed es in feet fro	If GROUN A permit is  Size & dept 12 income the point on 8.	DWATE desired for the of well (ch x 1, of divers 400 fee	1,080 d of time  R  r 2 s): 100 f	e that the  we we withdraw st of	water will be needed ell(s).  Val to the nearest the rece is platted, complete
Section 4  If SURFA Name the wlake, etc. In stream," etc. Number of Source flow  LOCATIC Enter the resection con	rif the water u  From  4. WATEI  CE WATER  vater source are funnamed, wrec:  diversions:  vs into (name  ON  north-south are ricer: Appr nort	R SOUR  Ind indicate rite "unnander of body of the coximate the chwest of the coximate the chwest of	to be used osed for a shoto	spring, "unnamed es in feet fro	If GROUN A permit is  Size & dept 12 income the point on 8.	DWATE desired for the of well (ch x 1, of divers 400 fee	and of times  R  R  R  r  2  s): 100 f  If loca  Lot	we that the withdraw st of Block	water will be needed and to the nearest the ree is platted, complete below:

Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named: City of Port Orchard
B.	Briefly describe your proposed water system. (See instructions.)  The City of Port Orchard will pump from one or two deep wells into the existing 450,000 gallon storage tank for distribution to approximate 600 McCormick water customers in the ULID No. 6.
C.	Do you already have any water rights or claims associated with this property or system?  ☐ YES ☐ NO PROVIDE DOCUMENTATION.
	etion 6. DOMESTIC / PUBLIC WATER SUPPLY SYSTEM INFORMATION  ompleted for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
В.	(Homes, Apartment, Recreational, etc.)  Are you within the area of an approved water system?   ☐ YES ☐ NO  If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Com	plete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health?  If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan?  If yes, when was it approved?1995 Please attach the current approved version of your plan.   □ YES □ NO
	etion 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION omplete for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated:
В.	List total number of acres for other specified agricultural uses:
	Use         Acres           Use         Acres           Use         Acres
C.	Total number of acres to be covered by this application:
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)  Add up the acreage in which you have a controlling interest, including only:  ‡ Acreage irrigated under water rights acquired after December 8, 1977;  ‡ Acreage proposed to be irrigated under this application;  ‡ Acreage proposed to be irrigated under other pending application(s).
	<ol> <li>Is the combined acreage greater than 2000 acres?</li> <li>Do you have a controlling interest in a Family Farm Development Permit?</li> <li>If yes, enter permit no:</li> </ol>
E.	Farm uses: Stockwater - Total # of animals Animal type (If dairy cattle, see below) Dairy - # Milking # Non-milking

## Section 8. WATER STORAGE

Existing 450,000 gallon

Will you be using a dam, dike, or other structure to retain or store water? tank

☑ YES ☐ NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

### Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site. Take the Elgin Clifton Road exit from Highway 16. Drive west approximately 3.25 miles to the intersection with Feigley Road SW. Just past the intersection, the 450,000 gallon storage tank can be seen on the right side. The project site is shown on the attached map.

Sec	ction 10. REQUIRED MAP	
A.	Attach a map of the project. (See instructions.)	
Sec	ction 11. PROPERTY OWNERSHIP	
A.	Does the applicant own the land on which the water will be If no, explain the applicant's interest in the place of use and	
	municipal water purveyor	
В.	Does the applicant own the land on which the water source if no, submit a copy of agreement:	is located? ⊠ YES □ NO
to pr moni	tify that the information above is true and accurate to the bocess my application, I grant staff from the Department of Itoring purposes. Even though I may have been assisted in toyees of the Department of Ecology, all responsibility for the	Ecology access to the site for inspection and the preparation of the above application by the
<u></u>	Jaurence / Culis	23 Dec 02
	icant (or authorized representative)	Date
Land	owner for place of use (if same as applicant, write "same")  Coly of Congineer	Date

Use this page to continue your answers to any questions on the application. Please indicate section number before answer. Section 3. Statement of Intent The City of Port Orchard is the owner and operator of McCormick Water. This application for two deep wells is intended to initially provide a new water source for McCormick Water customers. Future plans include an intertie between the two systems so the water can also be used in the City's system. Therefore, this application is for a new source to serve the areas served by the City of Port Orchard and McCormick Water. We are returning your application for the following reason(s): Examination fee was not enclosed APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128 Section number(s) APPLICANT PLEASE RETURN incomplete TO THE APPROPRIATE REGIONAL OFFICE Explanation: Please provide the additional information requested above and return your application by Ecology staff Date Ecology is an Equal Opportunity and Affirmative Action employer. To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

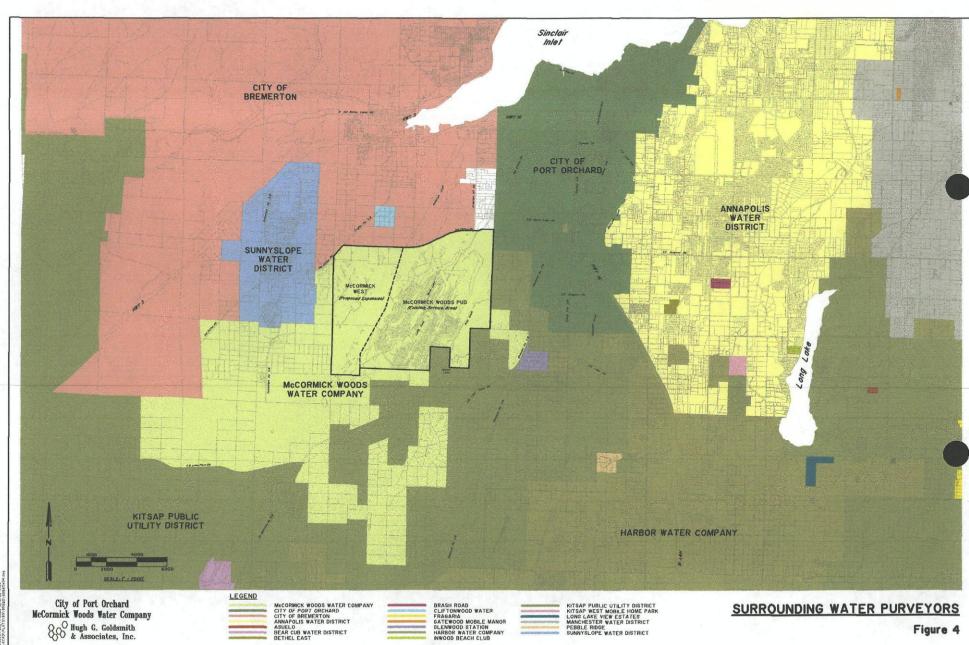


Figure 4

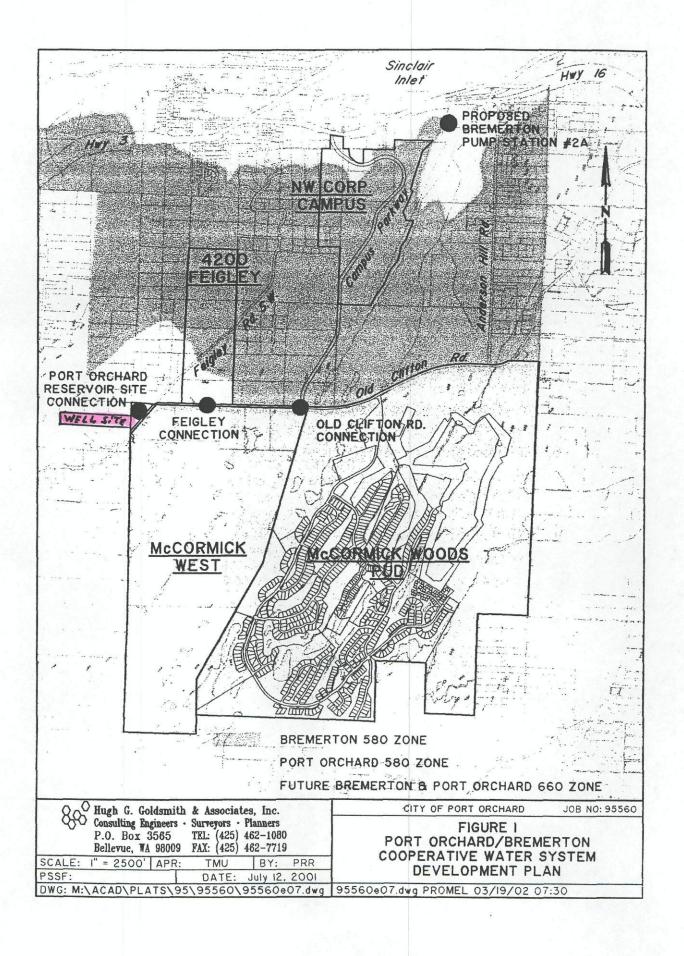


Table 1
City of Port Orchard and McCormick Woods Water System
Water Right Summary

Source Name (No.)	Location	Control Number	Primary Date		er Right ) Qa (af/yr)	Place of Use	Location of Withdrawal
					Ground	water Certificates	
Well 6	T24N/R1E-25	3334-A	11/17/55	350	560	City of Port Orchard, Kitsap County	Lots 3 & 4, Block 3 of Wheelers Addition
Well 7	T24N/R1E-26	G1-24586C	12/24/84	750	1210	Area Served by the City of Port Orchard, Kitsap County	Lot 3, Block 2, Replat of Central Addition to Sidney
Well 8	T23N/R1E-2	G1-25019C	06/29/87	500	560 <sup>*</sup>	Area Served by the City of Port Orchard, Kitsap County	NW4SW4/T23N/R1E-2
Subtotal (Groundwat	er Certificates			1600	1770		
					Grour	ndwater Claims	
Well 5	T24N/R1E-26	G1-000911CL	00/00/46	51.3	82.8	Within City of Port Orchard Corporate Limits	Lot 3, Block 2, Replat of Central Addition to Sidney
Subtotal (Groundwat	er Claims)			51.3	82.8		
					Groun	ndwater Permits	
McCormick Well 1	T23N/R1E-9	G1-24437P	01/24/84	600	450	Area Served by McCormick Land Company within the S1/2	NE4/NW4/T23N/R1E-9
McCormick Well 2	T23N/R1E-9	G1-24437P	01/24/84			SE1/4 Sec. 4, E1/2 Sec. 8, All Sec. 9, N1/2 Sec. 16, and	NE4/NW4/T23N/R1E-9
McCormick Well 3	T23N/R1E-4	G1-24437P	01/24/84		A J	N1/2 Sec. 17, T23N/R1E, Kitsap County	SE4/SW4/T23N/R1E-4
Subtotal (Groundwate	er Permits)			600	450		
	and the second				Groundy	water Applications	
City of Port Orchard	T23N/R1E-2	G1-26119A	03/22.91	500	A STATE OF THE STA		NW4/SW4/T23N/R1E-2
City of Port Orchard	T24N/R1E-26	G1-26729A	09/14/92	50			NW4/T24N/R1E-26
McCormick Woods	T23N/R1E-9	G1-26447A	01/17/92	400	1		SW4/SW4/T23N/R1E-9
McCormick Woods	T23N/R1E-9	G1-26454A	01/19/92	150		(	NE4/NW4/T23N/R1E-9
Subtotal (Groundwate	er Application	(S)		1100			

### Notes

Water right provisions include control of flowing wells, installation of approved measuring devices, and monthly monitoring of static and pumping water levels and instantaneous and monthly discharge. Well 7's water right certificates are numbered G1-24585C not G1-24586C as shown on Ecology's water right printout.

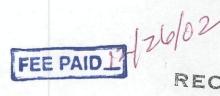
<sup>\*</sup> Well 6's annual water right is supplemental to existing water rights.

# City of Port Orchard WASHINGTON

23 December 2002

Telephone: (360) 876-4991 Fax: (360) 876-4980

Department of Ecology NW Regional Office 3190 – 160<sup>th</sup> Avenue SE Bellevue, WA 98008-5452



RECEIVED

DEC 2 4 2002 DEPT OF ECOLOGY

RE: Application for a Water Right

Dear Ladies and Gentlemen,

Enclosed is the City's application for a water right.

Also enclosed for the following:

- ✓ Application check for ten dollars
- ✓ City's Water System Plan
- ✓ McCormick Water System Plan Update (Under Review)

If you have any questions, please call me at (360) 876-4991.

Respectfully,

Lawrence J. Curles, P.E.

City Engineer